

EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment		Work Assignment Number 3-11 <input type="checkbox"/> Other <input type="checkbox"/> Amendment Number: 000001								
Contract Number EP-C-08-010		Contract Period 12/16/2008 To 11/30/2012 Base Option Period Number 3								
Contractor SCIENTIFIC CONSULTING GROUP, INC, THE		Title of Work Assignment/SF Site Name Tech Support for EM & ELAB								
Specify Section and paragraph of Contract SOW 2.1, 2.2, 2.3, 2.4										
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input checked="" type="checkbox"/> Work Plan Approval		Period of Performance From 12/01/2011 To 11/30/2012								
Comments:										
<input type="checkbox"/> Superfund		Accounting and Appropriations Data								
		<input checked="" type="checkbox"/> Non-Superfund								
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO (Max 2) <input type="checkbox"/>										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:		\$185,620.96		LOE:				
12/16/2008 To 11/30/2012										
This Action:				\$ 33,333.54						
Total:				\$218,954.50						
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:		05/25/2012		Cost/Fee:		\$33,333.54		LOE: 434		
Cumulative Approved:				Cost/Fee:		\$218,954.50		LOE: 2,679		
Work Assignment Manager Name Lara Autry						Branch/Mail Code:				
_____ (Signature)						_____ (Date)				
						Phone Number 919-541-5544				
						FAX Number:				
Project Officer Name Verla Sutton-Busby						Branch/Mail Code:				
_____ (Signature)						_____ (Date)				
						Phone Number: 202-564-6808				
						FAX Number:				
Other Agency Official Name						Branch/Mail Code:				
_____ (Signature)						_____ (Date)				
						Phone Number:				
						FAX Number:				
Contracting Official Name Renita Tyus						Branch/Mail Code: CPD				
_____ (Signature)						_____ (Date)				
						Phone Number: 513-487-2094				
						FAX Number: 513-487-2109				